Dear Psychology Board of Australia,

Re: Consultation – Revised guidelines for supervisors and supervisor training providers 05 March 2018

I am writing on behalf of the Queensland Health Psychology Statewide Professional Group to submit consultation feedback on the proposed revised guidelines for supervisors and supervisor training providers.

Our Group

We represent approximately 800 (headcount) public sector psychologists employed in 16 autonomous, Board directed Hospital & Health Services (HHSs) throughout all of QLD.

We have discussed the above Public consultation in our Statewide Professional Meeting, and welcome the chance to offer the following feedback.

Feedback

1. We support the Board’s preferred option of two new guidelines, versus retaining the status quo.

2. We also support the proposed simplification of Board Approved Supervisor (BAS) categories, and adoption of a uniform three year registration minimum for BAS categories 1-9.

3. The issue of most concern to us, if the status quo were to remain, is the requirement for postgraduate placement supervisors to hold an area of practice endorsement. If this were to be implemented in full in the near future, our workforce data from 2017 indicates:

   ➢ the number of available higher degree placement supervisors state-wide would decrease by 40.5%

   ➢ representing a loss of 87 currently Board approved supervisors without an area of practice endorsement
causing a disproportionate and potentially catastrophic impact on placements available to regionally based University training programs, and consequently regional and rural psychology workforce

while having a similarly disproportionate impact on adult Mental Health service placements - which we believe facilitate access to environments, teams, clinical conditions and treatment modalities (including psychopharmacology) which are integral to the development of full competencies in clinical psychology

All of our services have focussed on increasing endorsement numbers to meet the placement endorsement requirement, however, since grandfathering has ceased we have made slow headway due to issues such as:

- high rates of maternity leave in the post endorsement cohort (requiring more junior backfill)
- high concentrations of metropolitan endorsements in units with limited infrastructure (e.g. treatment room availability)
- supervisor demand overlap between registrar training to enhance our capability, and ongoing postgraduate training
- high rates of endorsement in psychology support and leadership roles with no associated placement opportunities
- small but regular ‘leakage’ of staff post endorsement to private practice opportunities

We do look forward to enhanced, established endorsement numbers in the medium term, but from experience, now understand this will take years rather than months to embed. It will also be contingent on not disrupting existing, strategically important training placements leading to workforce entry as described above.

Therefore, we fully support the Board’s proposal to remove endorsement requirements from its guidelines, and allow this matter to be addressed through the accreditation mechanism.

We remained unclear, however, on how this change may then be reflected in the Australian Psychology Accreditation Council accreditation standards currently approved by the Board.

4. We support all of the additional improvements proposed by the Board.

Yours sincerely,

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Chair, Queensland Health Psychology Statewide Professional Group